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11000. 0111010	TO: Fiscal Division Budget Staff Finance Division				
FROM: (Signature)	2may 6/	Admin. 0:		1300 Curie Hall OFFICE Compt/Finance	
Payment clerk Time and Attendar Supervisor Author	nce Clerk rized to Request Approval	of Overtime or Comp	ensatory Time	STATINT	
NAME OF EMPLOY	EE	SECTION		SPECIMEN SIGNATURE	
TINTL	0/	C Finance			
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TINTL It is requested	that	authority	in this cap	acity be revoked.	
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DECL REVWON	20/0	DOG	DEV DATE 19/0	3/0 84 0/0//	